

**Women’s Competition Chief Judge (CCJ)
Report Form – All Competitions**

|  |  |
| --- | --- |
| **Name of CCJ** |  |
| **Date :** |  |
|  |  |  |
| **Host Club** |  |
| **Name of Competition:** |  |
| **Type of Competition:** | **Invitational** | **Qualifier** | **GO Event** |
|  |  |  |  |
| **Levels** | **ODP** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Aspire** | **National** |
| **√** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Technical Rules and Regulations**

*This information is forwarded to OCP Working Group and WTC.*

1. Please include below any questions regarding clarifications or interpretations of the Ontario Competitive Program Rules (OCP).
2. Please include any Coaches Inquiries and ***attach each Inquiry form to this competition report form.***

**Hosting**

*The purpose of this section is to provide CCJ’s an opportunity to praise or raise concerns about competitions that they attend. Please complete this as fully and honestly as you can.*

|  |  |
| --- | --- |
| **Name of CCJ** |  |
| **Date :** |  |
|  |  |
| **Host Club** |  |
| **Name of Invitational:** |  |

**Please provide comments in the following areas:**

|  |  |
| --- | --- |
| ***On-Site Organization*** | ***Yes / No*** |
| Was the Meet Director easy to cooperate with? |  |
| Were there enough knowledgeable volunteers? |  |
| **Comments:** |

|  |  |
| --- | --- |
| ***Warm-Up*** | ***Yes / No*** |
| Was an appropriate format for warm-up used? |  |
| Was their adequate space set aside for warm-up? |  |
| Was the appropriate mats used for warm-up? |  |
| **Comments:** |

|  |  |
| --- | --- |
| ***Schedule*** | **Yes / No** |
| Was the maximum 12 people per rotation rule enforced?***If using one set of equipment*** |  |
| Was the maximum 10 people per rotation rule enforced?***If using double set of equipment with SHARED floor*** |  |
| Was there adequate time allotted for the competition? |  |
| Did the schedule run on time? List the start and finish times for each session and list how early, late or on time each session was (attach a copy of the schedule with actual times). |  |
| Were any of the athletes changed/moved from assigned rotations? |  |
| Did the number of scratches affect the schedule? |  |
| **Comments** |

|  |  |
| --- | --- |
| ***Equipment*** | ***Yes / No*** |
| Was all equipment checked and verified by the CCJ each day? |  |
| Was there an appropriate amount of equipment present (including mats and boards)? |  |
| Were specific details regarding equipment noted on Call to Meet? |  |
| Was the equipment in good condition and up to GO standards? |  |
| Were there any safety issues? |  |
| **Comments:** |

|  |  |
| --- | --- |
| ***Scores*** | ***Yes / No*** |
| Was “Beyond the Scores” used? |  |
| Were any scores flashed for 7 & 8 year old participants? |  |
| Were the scores flashed for 9 year olds and older as per G.O Regulations?  ***Maximum Final Score and Final Score*** |  |
| Were scores posted in the coaches area within 5 minutes of last competitor? |  |
| **Comments:** |

**Judging Information**

*This information will assist the Judging Sub-Committee in maintaining records on compliance and professionalism.*

1. Please note any incidents involving lateness, inappropriate judging attire, unprepared judges (ie. lack of current documents) and unprofessional behavior.
2. Please note any judges who have travelled alone (if they should have carpooled include reasons for not carpooling) was mileage paid

 *\*Please Note: the CCJ must inform any judges noted on this section of the report that an incident has been included and the judge must sign the report.*

|  |
| --- |
| Incident #1 |
|   Signature:  |
| Incident #2 |
| Signature:  |

###### Judging Panels

Include the panels and assignments from all days (can be attached)

Please include the names of all judges who exhibit outstanding positive and professional behavior at this competition.

Please note any onsite changes to the judging panels. (i.e. replacements, change of apparatus)

**Protest Summary**

***Attach each Protest form to this competition report form.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (please circle):** | **Day 1** | **Day 2** | **Day 3** |
| **Event (please circle):** | **Vault** | **Bars** | **Beam** | **Floor** |
| **Coach:** |  |
| **Club:** |  |
| **Reason:** |  |
| **Results (please circle):** | **ACCEPTED** | **DECLINED** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (please circle):** | **Day 1** | **Day 2** | **Day 3** |
| **Event (please circle):** | **Vault** | **Bars** | **Beam** | **Floor** |
| **Coach:** |  |
| **Club:** |  |
| **Reason:** |  |
| **Results (please circle):** | **ACCEPTED** | **DECLINED** |

**Coaches Inquiry Summary**

 ***Attach each Inquiry form to this competition report form.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (please circle):** | **Day 1** | **Day 2** | **Day 3** |
| **Event (please circle):** | **Vault** | **Bars** | **Beam** | **Floor** |
| **Coach:** |  |
| **Club:** |  |
| **Reason:** |  |

**Coaches Carding Issues**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (please circle):** | **Day 1** | **Day 2** | **Day 3** |
| **Coach:** |  |
| **Club:** |  |
| **Reason:** |  |

Please submit completed form by E-Mail to**:**

### Gymnastics Ontario, Attention: Women’s Program Manager

***Forms are to be submitted within 1 Week of the Completion of the Competition***

wag@gymnasticsontario.ca